

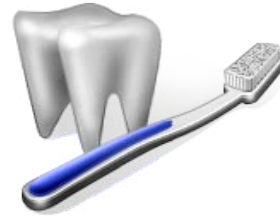


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Donna Carcerano, Benefits Administrator
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July 2009



TO: NEW ENGLAND FUEL INSTITUTE MEMBERS

FROM: Donna Carcerano, Benefits Administrator
donna@nefi.com
(617) 923-5020 or (617) 924-1000 ext. 220

RE: **NEFI GROUP DELTA DENTAL OF RHODE ISLAND INSURANCE OFFER – DELTA PREMIER
Delta Premier – Provides a National Network of Participating Dentists across the US &
Puerto Rico**

New England Fuel Institute is pleased to offer NEFI members and their employees comprehensive dental care at a very competitive cost. It is administered by Delta Dental of Rhode Island, and offered to NEFI member companies with 2 or more employees. Companies of less than 10 employees must enroll 100% of their eligible employees. Companies of more than 10 employees must enroll 75% of their eligible employees. An eligible employee is an employee who works at least 17 ½ hours per week on a regular basis.

Delta Dental coordinates the provision of this quality dental care for NEFI members. A monthly fee – which may be contributory or non-contributory covers dental care listed on Option 1 or Option II of the Benefit Highlights sheet (see attached Benefits Highlights). And, there’s no paperwork with participating National Network dentists – just present your I.D. card to your dentist. For non participating dentists you will use claim forms and will be responsible for the difference between what Delta Dental pays and what the dentist charges.

In addition, each individual can choose his or her own dentist from a National Network of Participating Dentists. If an employee does not currently have a dentist he or she can choose one. Once a dentist is chosen, all dental care will be coordinated by that dentist. If for any reason an individual wants to change dentists under the plan, another doctor may be selected.

Plan Option I (see attached Benefit Highlights)

Individual \$29.29
Family \$91.66

Plan Option II (see attached Benefit Highlights)

Individual \$37.67
Family \$110.91

In order to transfer your present coverage to this NEFI/Delta Dental Plan or issue new dental insurance coverage for your employees, please complete the attached form stating the number of employees you wish to insure. We will forward you application forms for each covered employee to complete and return to us. Note: Coverage for new hires will become effective on the first of the month following hire. If a new employee does not subscribe to the plan at that time, he/she must wait until the next open enrollment period, which will be the month of April each year. (If your company’s policy calls for a waiting period this rule will be adjusted accordingly.) The effective date of coverage is May 1st.

For information pertaining to this very competitively priced Dental Insurance Program, please call Donna Carcerano at The New England Fuel Institute Insurance Office at (617) 924-1000 ext. 220, Fax Enrollment Requests to (617) 924-1927, or mail to New England Fuel Institute, PO Box 9137, Watertown, MA 02471-9137.

NEW ENGLAND FUEL INSTITUTE DELTA DENTAL PREMIER

The information listed here is not a guarantee of payment. Payment is based on the Delta Dental allowance for each procedure. To be covered, services must be dentally necessary and in accordance with Delta Dental's treatment guidelines. All services must be performed in a dental office. These benefits are listed according to the level of coverage (i.e. 100%, 80%). Coverage for benefits with time limitations (i.e. 6,12,24,36 or 60 months) is calculated to the exact day.

Pre-Treatment Estimate is recommended for underlined procedures

<u>Preventive/Diagnostic</u>	<u>Option I</u>	<u>Option II**</u>
Two oral exams per calendar year	100%	100%
Two cleanings per calendar year	100%	100%
Fluoride treatment for children under age 19 twice per calendar year	100%	100%
One set of bitewing x-rays per calendar year; One complete x-ray series or panoramic film every 60 months; single x-rays as required	100%	100%
<u>Minor Restorative Services</u>		
Sealants for children under age 14, once per permanent unrestored molar every 24 months	80%*	80%*
Procedures necessary to relieve acute pain; twice per year	80%*	80%*
Amalgam (silver) fillings, composite (white) fillings on front teeth for composite fillings on back teeth, the plan pays what would have been paid for an amalgam filling. Patient is responsible up to dentist's charge.	80%*	80%*
Repairs to existing partial/complete dentures once per calendar year	80%*	80%*
Recementing crowns or bridges	80%*	80%*
Rebasing/relining of full/partial dentures once every 60 months	80%*	80%*
Space maintainers for lost deciduous (baby) teeth, replacement limited to once every 60 months	80%*	80%*
Extractions & routine oral surgery when not covered by your medical plan	80%*	80%*
General anesthesia or intravenous sedation for <i>complex</i> surgical procedures	80%*	80%*
Root canal therapy	80%*	80%*
<u>Major Restorative Services</u>		
Periodontal maintenance following active therapy - two per year	0%	50%*
<u>Crowns over natural teeth, build ups, post & cores; replacement limited to once every 60 months</u>	0%	50%*
<u>Root planing and scaling once per quadrant every 24 months</u>	0%	50%*
<u>Osseous (bone) surgery once per quadrant every 24 months (bone grafts excluded)</u>	0%	50%*
<u>Gingivectomies once per site every 24 months</u>	0%	50%*
<u>Soft tissue grafts once per site every 60 months</u>	0%	50%*
<u>Crown lengthening once per site every 60 months</u>	0%	50%*
<u>Bridges, build ups, post & cores, crowns over implants; replacement limited to once every 60 months</u>	0%	50%*
<u>Partial and complete dentures; replacement limited to once every 60 months</u>	0%	50%*
Calendar Year Maximum:	\$750	\$1,000
Annual Deductible	\$50 Ind/\$150 Fam	\$50 Ind/\$150 Fam

*Deductible applies

**High Option Plan II is eligible for the Maximum Carry Over Provision

Dependent coverage - Dependent children are covered up until the end of the year that they turn age 19.

Dependent children who are full-time students over age 19 are covered as long as they stay in school or up until the end of the year that they turn age 26.

Rates effective 5/1/09 - 4/30/10

Individual	\$29.29	\$37.67
Family	\$91.66	\$110.91

Company must consist of 2 or more employees. Less than 10 employees must enroll 100% of eligible employees. More than 10 employees must enroll 75% of their eligible employees. Eligible employee works at least 17 1/2 hours per week on a regular basis.

Exclusions & Limitations

All claims must be filed within one year of the date of service.

Unless specifically covered by your dental plan, the following are not covered:

- Services that do not qualify for payment according to our dental treatment guidelines. (These guidelines assist Delta Dental in making determinations as to whether services are covered and whether a particular service is the least costly, clinically acceptable method of prevention, diagnosis or treatment. A service may not qualify for coverage under these guidelines even though it was performed or recommended by a dentist.)
- Any services that are not specifically covered in your group's Certificate of Coverage.
- Services received from a dental or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trustee or similar person or group.
- An illness or injury that Delta Dental determines is employment related.
- Services you would not be required to pay for if you did not have this Delta Dental coverage.
- Services provided by a dentist who is a member of your immediate family.
- An illness, injury or dental condition for which benefits are, or would have been available, through a government program if you did not have this Delta Dental coverage.
- Services rendered by someone other than a licensed dentist or a licensed hygienist operating as authorized by applicable law.
- Specialty exams.
- Consultations.
- Disorders related to the temporomandibular joint (TMJ) including night guards and surgery.
- Services to increase the height of teeth or restore occlusion.
- Restorations required because of erosion, abrasion or attrition.
- Services meant primarily to change or improve your appearance.
- Occlusal guards.
- Implants.
- Bone grafts.
- Splinting and other services to stabilize teeth.
- Prescription drugs, lab exams or reports.
- Guided tissue regeneration.
- Temporary bridges or crowns.
- Services related to congenital abnormalities.
- General anesthesia/intravenous sedation for non-surgical extractions, diagnostic, preventive or any restorative services.
- General anesthesia/intravenous sedation administered by anyone other than a dentist.

Delta Dental also reserves the right to adopt and to apply, from time to time, such administrative policies as it deems reasonable in approving the eligibility of subscribers and the appropriateness of treatment plans and related charges.

INTRODUCING: *The Maximum Carry Over Provision*

To get the most out of your benefits, we encourage you to take advantage of the preventive care services covered under your plan. In addition to good oral health habits, regular dental check-ups are the best way to maintain healthy teeth and gums.

As further incentive for you to receive regular dental care, we now offer an annual Maximum Carry Over Provision as part of your dental benefit program.

This unique benefit allows you to “carry over” unused portions of your annual maximum to the following Plan Year, provided you use your preventive care benefits. You are eligible to carry over up to \$350* annually of the unused portion of your annual maximum (up to the calendar year maximum benefit).

Important Note: Orthodontic benefits are excluded from this program. If you have any questions regarding the benefits covered under your dental plan, please contact your Human Resources Department.

Who is eligible for Maximum Carry Over?

- You and any of your dependents enrolled for a full calendar year are eligible for the annual Maximum Carry Over Provision.
- You must have a preventive care visit during the year to qualify for a carry over. The total claim activity can not exceed the paid claims threshold during the benefit year.

Below is an example of Maximum Carry Over benefits for a member enrolled in a \$1,000 annual maximum plan:

Annual Maximum	Claim Threshold	Annual Carry Over	Carry Over Bonus*	Carry Over Limit
\$1,000	\$500	\$250	\$100	\$1,000

** A bonus is available for members who receive services exclusively from a participating dentist.*

The above chart depicts an employee who has a \$1,000 annual maximum dental plan. Having received at least one preventive visit during the year, this employee is eligible to carry over \$250 to the following year. Because the employee received treatment from a participating dentist, he is eligible for a Carry Over bonus of \$100.



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PLEASE ENROLL MY COMPANY IN THE NEFI GROUP DELTA DENTAL OF RHODE ISLAND PREMIER PLAN

NAME: _____ OPTION I OPTION II
(Please circle plan requested)

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ Fax: _____

E-MAIL ADDRESS: _____

NUMBER OF ELIGIBLE EMPLOYEES: _____
(Minimum of two)

MAIL TO: NEW ENGLAND FUEL INSTITUTE
DONNA CARCERANO, BENEFITS ADMINISTRATOR
P.O. BOX 9137
WATERTOWN, MA 02471-9137

Email Address donna@nefi.com
(617) 923-5020 (Direct Line)
(617) 924-1000 ext. 220
FAX TO: (617) 924-1927

OR

SIGNATURE: _____ DATE: _____

(All group cancellations must be received in writing 30 days prior to the month of
cancellation)